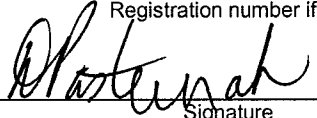


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) PP01631.0101 (2300-1631-20)
Application Number    09/610,313		Filed    July 5, 2000
For    POLYNUCLEOTIDES ENCODING ANTIGENIC HIV TYPE C POLYPEPTIDE, POLYPEPTIDES AND USES THEREOF		
Art Unit    1635		Examiner    J. Angell
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60    \$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230    \$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525    \$ 1050.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820    \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115    \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check including the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any <b>additional</b> fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1648</u> .		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,411</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34    _____		
 _____ Signature		June 24, 2008 _____ Date
Dahna S. Pasternak, Reg. No. 41,411 _____ Typed or printed name		650-493-3400 _____ Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		